

The following CPT codes will be reimbursed at a rate not to exceed the amounts listed, which are approximately 60 percent of the lowest maximum allowance for California established by the federal Medicare program.

Code	Code Description	Reimbursement Rate	Code	Code Description	Reimbursement Rate
82465	ASSAY, BLD/SERUM CHOLESTEROL	\$3.61	87581	INFECT AGT DET BY NUCL ACID DNA,R	\$29.10
82607	RIA ASSAY FOR VITAMIN B-12	\$12.50	87590	INFECT AGT DET BY NUCL ACID DNA,R	\$16.81
82728	ASSAY OF FERRITIN	\$11.42	87591	INFECT AGT DET BY NUCL ACID DNA,R	\$29.10
82746	BLOOD FOLIC ACID RIA	\$12.19	87621	INFECT AGT DET BY NUCL ACID DNA,R	\$29.10
82947	ASSAY, GLUCOSE, BLOOD QUANT	\$3.25	87651	INFECT AGT DET BY NUCL ACID DNA,R	\$29.10
84202	ASSAY RBC PROTOPORPHYRIN	\$11.90	87798	DETECT AGENT NOS, DNA, AMP	\$29.10
84443	ASSAY THYROID STIM HORMONE	\$14.08	87800	DETECT AGNT MULT, DNA, DIREC	\$33.62
84702	CHORIONIC GONADOTROPIN TEST	\$12.62	87801	DETECT AGNT MULT, DNA, AMPLI	\$58.84
85025	AUTOMATED HEMOGRAM	\$6.44			
86235	NUCLEAR ANTIGEN ANTIBODY	\$14.22			
87086	URINE CULTURE/COLONY COUNT	\$6.77			
87110	CHLAMYDIA CULTURE	\$16.42			
87471	INFECT AGT DET BY NUCL ACID DNA,R	\$29.10			
87476	INFECT AGT DET BY NUCL ACID DNA/R	\$29.10			
87481	INFECT AGT DET BY NUCL ACID DNA/R	\$29.10			
87486	INFECT AGT DET BY NUCL ACID DNA/R	\$29.10			
87490	INFECT AGT DET BY NUCL ACID DNA/R	\$16.81			
87491	INFECT AGT DET BY NUCL ACID DNA/R	\$29.10			
87496	INFECT AGT DET BY NUCL ACID DNA/R	\$29.10			
87511	INFECT AGT DET BY NUCL ACID DNA/R	\$29.10			
87516	HEPATITIS B, DNA, AMP PROBE	\$29.10			
87521	HEPATITIS C, RNA, AMP PROBE	\$29.10			
87526	INFECT AGT DET BY NUCL ACID DNA/R	\$29.10			
87529	INFECT AGT DET BY NUCL ACID DNA/R	\$29.10			
87532	INFECT AGT DET BY NUCL ACID DNA,R	\$29.10			
87535	INFECT AGT DET BY NUCL ACID DNA,R	\$29.10			
87538	INFECT AGT DET BY NUCL ACID DNA,R	\$29.10			
87551	INFECT AGT DET BY NUCL ACID DNA,R	\$29.10			
87556	INFECT AGT DET BY NUCL ACID DNA,R	\$29.10			